

NYM / 2014 / 0 3 5 3 / F L

2 0 MAY 2014

North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York YO62 5BP

Telephone: 01439 772700 Email: planning@northyorkmoors.org.uk Website: www.northyorkmoors.org.uk

> £195 \$12930 20.5.14

Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink. It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address					
Title:	MR. First name: DAVID				
Last name:	MoRR15				
Company (optional):					
Unit:	House number: NA House suffix:				
House name:	HALL COTTAGE				
Address 1:	HALL FARM				
Address 2:	LOW HAWSKER				
Address 3:					
Town:	WHITBY				
County:	NORTH YORKSHIRE				
Country:					
Postcode:	Y022 4LE				

2. Agent Name and Address				
Title:	First name:			
Last name:				
Company (optional):				
Unit:	House number: House suffix:			
House name:				
Address 1:				
Address 2:				
Address 3:				
Town:				
County:	il i			
Country:	}			
Postcode:	-			

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3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
Unit: House number: House suffix:					
House name: HALL COTTAGE/CALF COTTAGE/ANNEXE)	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: HALL FARM	application more efficiently). Please tick if the full contact details are not				
Address 2: LOW HAWSKER	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: WHITBY	Reference:				
County: NORTH YORKSHIRE					
Postcode (optional): Yo22 4LE	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:	NYMMPA				
Description: BARN CONVERSION FORMING A	2 0 MAY 2014				
DWELLING & RESIDENTIAL ANNEXE					
5. Description Of Your Proposal Please provide a description of the approved development as shown	on the decision letter, including the application reference number				
and date of decision in the sections below:					
CHANGE OF USE OF BARN TO FO	ORM A DWELLING AND A				
RESIDENTIAL ANNEXE (REVI	SED SCHEME) @ HALL FARM,				
LOW HAWSKER					
	(data must be pre application				
Reference number: $N/M/2006/0491/CU$ Date of decision (D	D/MM/YYYY): $15/08/2006$ (date must be pre-application submission)				
Please state the condition number(s) to which this application relates	S:				
1. CONDITION NO. 4	6.				
2.	7.				
3.	8.				
4.	9.				
5.	10.				
Has the development already started?	Yes No (date must be pre-application				
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)					
Has the development been completed?					
If Yes, please state when the development was completed (DD/MM/YYYY): 17/09/2008 (date must be pre-application submission)					
6. Condition(s) - Removal					
Places state why you wish the condition(s) to be removed or changed:					
WHILE THE ACCOMMODATION AS DESCRIBED WILL REMAIN AS A SINGLE					
WHILE THE ACCOMMODATION AS DESCRIBED WILL REMAIN AS A SINGLE PLANNING UNIT UNDER THE OWNERSHIP OF THE SAME FAMILY, ONE (OR BOTH) WILL BECOME VACANT DUE TO CHANGING CIRCUMSTANCES					
If you wish the existing condition to be changed, please state how you wish the condition to be varied:					
PERMISSION IS SOUGHT TO VARY	THE CONDITION SUCH THAT				
PERMISSION IS SOUGHT TO VARY THE CONDITION SUCH THAT LOCAL OCCUPANCY LETTING IS PERMISSABLE					

8. Agricultural Land Declaration	1						
AGRICULTURAL LAND DECLARATION Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 Agricultural Land Declaration - You Must Complete Either A or B							
(A) None of the land to which the applica	ation relates is, or is	s part of, an a	gricultural holdin	g.	5 . (55 0.44.00000		
Signed - Applicant:		Or signed - A	Date (DD/MM/YYYY):				
	×				21/05/2014x		
(B) I have/ The applicant has given the rebefore the date of this application, was a as listed below:	equisite notice to e tenant of an agric	very person o ultural holdin	ther than myself/ g on all or part of	the applicant who, on the the land to which this ap	Parameters and a parameters		
Name of Tenant			Address		Date Notice Served		
MA					-1		
14/1 (NAMMADO			
				2 0 MAY 2816			
				2 9 7417 2011			
				Section of the Control City Space. Trucking to			
Signed - Applicant:		Or signed - A	gent:		Date (DD/MM/YYYY)		
			<u> </u>				
NA							
9. Planning Application Require Please read the following checklist to ma information required will result in your a the Local Planning Authority has been so	ake sure you have s pplication being d	ant all the int	d. It will not be co	insidered valld urtil all illi	omation required by		
The original and 3 copies of a completed and dated application form: Ownership Certificate (A, B, C, or D - as applicable):					ed, dated oplicable): 너		
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):							
The correct fee:							

10. Declaration	NYM / 2012	t / 0 3 5 3 / F. L. / Lucions and additional					
I/we hereby apply for planning permission/conse	ent as described in th	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the					
inforn bn. I/we confirm that, to the best of my, genuine opinions of the person(s) giving them.	, gai knowicage, any	, ,					
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):					
		$21/os/ao14\times$ (date cannot be pre-application)					
11. Applicant Contact Details		12. Agent Contact Details					
Telephone numbers		Telephone numbers					
Country code: National number:	Extension number:	Country code: National number: Extension number:					
Country code: Mobile number (optional):		Country code: Mobile number (optional):					
		Country code: Fax number (optional):					
Country code: Fax number (optional):		Country code. Fax number (optional).					
Email address (optional):		Email address (optional):					
13. Site Visit							
Can the site be seen from a public road, public fo	Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No						
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)							
If Other has been selected, please provide:							
Contact name:		Telephone number:					
NA							
Email address:		X					

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